

Notification of Change-Deferred Compensation

Overnight Mail Address:
Retirement Plans Service Center
Hartford Life Insurance Company
200 Hopmeadow Street, Simsbury, CT 06089

Mail Address:
Retirement Plans Service Center
Hartford Life Insurance Company
PO Box 1583, Hartford, CT 06144-1583



Group Number:	Participant Number:	Social Security Number:
Employer:	Department:	Payroll Center:
Participant Name: (Last, First, M.I.) <input type="checkbox"/> Name Change?		
Mailing Address: <input type="checkbox"/> New?		
City:	State:	Zip:
Home Phone:	Work Phone:	Ext:

A. CONTRIBUTIONS

Annual Salary \$

<input type="checkbox"/> Increase	Employee \$	Employer \$	Total Contribution	Frequency*	Annual Contribution
<input type="checkbox"/> Decrease	From \$ <input type="text"/>	+ <input type="text"/>	= \$ <input type="text"/>	x <input type="text"/>	= <input type="text"/>
<input type="checkbox"/> Resume	To \$ <input type="text"/>	+ <input type="text"/>	= \$ <input type="text"/>	x <input type="text"/>	= <input type="text"/>
<input type="checkbox"/> Suspend					

* Frequency	
Monthly	= 12
Bi-Weekly	= 26
Semi-Monthly	= 24
Weekly	= 52
Other:	_____

☐ I am utilizing the plan's age 50+ catch-up provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective. This provision is only available where the plan is sponsored by a governmental employer.)

☐ I am utilizing the plan's pre-retirement catch-up provision. My unused deferral limitation is \$ _____.
My anticipated retirement date is ____/____/_____.

You may not utilize the age 50+ catch-up in any year in which the pre-retirement catch-up provision applies to you.

B. CHANGE OF BENEFICIARY I designate the following person(s) as my beneficiary(ies) under the Plan.

See page 2 for examples.

Primary Beneficiary	Relationship	%
Contingent Beneficiary	Relationship	%

C. NOTIFICATION OF ACCEPTANCE – Deferred Compensation Plans

I hereby agree to defer my right to receive compensation to the extent of the annual contribution noted above. I understand and agree to the provisions contained in my Employer's Deferred Compensation Plan.

Signed in the State of _____ on ____/____/_____

Participant Signature

Hartford Life Use Only

Representative Signature

Plan Sponsor Use Only

Plan Sponsor Signature

Effective Date

Date Approved



Beneficiary Designation

Please complete the Beneficiary Designation **including** name, Social Security number, relationship, and percentage of death benefit (totaling 100%). Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

Type of Beneficiary:

One Beneficiary

Two or more Primary Beneficiaries,
equally among the survivors

Two or more Primary Beneficiaries,
with their share to their children

Primary and Contingent Beneficiaries

***either
or***

Participant's Estate

Trustee

Examples of Designations:

Jane Doe, wife, 100%

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

or equally among the survivors

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

per stirpes

Jane Doe, wife, 100% if living;
otherwise children

equally among the survivors

per stirpes

Participant's Estate

Jane Doe, trustee under trust
agreement* dated...

* Date of the execution of the trust agreement or a copy of the trust agreement **must** be provided.